## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE FEE and PUBIL CATTON FEE (if required). Black at Invested is should be completed where appropriate all further proposed as the property of the public of the control to the control compositions and another the property of the maked to the current compositions and the public of the control composition and the control composition and the control cont

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot he used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name (Signature (Date

APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR	^	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/590,207	10/26/2006		Toru Tsukagoshi		129146	4406	
TITLE OF INVENTION	N: BENZOPYRAN COM	POUND					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/07/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
DENTZ, B	ERNARD I	1625	514-456000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patient front page, list (1) the names of up to 1 registered patient attorneys or agents OR, alternatively, (2) the name of a sincle from (having as a member a				
Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered storney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be princed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	xe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
			(B) RESIDENCE: (CITY				
NISSAN CHEM	ICAL' INDUSTRI	ES, LTD.	ŢOKYO, JAPA	N			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🏕 Corporation or other private group entity 🚨 Government							
4a. The following fee(s)	are submitted:	41	. Payment of Fee(s): (Plea	se first reapply any	previously paid issue fee	shown above)	
<b></b> Issue Fee			A check is enclosed.				
	Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order -	# of Copies		The Director is hereby overpayment, to Depor	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).			

5. Change in Entity Status (from status indicated above)

— Apparament is 40 longer customing SMALL ENTITY status. See 37 CFR 1.27(g/t2).

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Authorized Signature Jum D. Tul-	Date 7/7/10
Typed or printed name J. Tillman	Registration No. 62,639

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